ALM-CMV Doc #: 1 Filed: 11/08/22 Page: 1 of 16 PAGEID #: 1 In United States, Disp For Southern District (Eastern Division) James Williams, IV ase No.2:22 CV 3 9 3 3 2295 Green Way Xenz) (Wo 45) For Clinton Co. Prosecutor, Alce, 103, E. Main Street, Wilminston, No 45/ Linton Co. Aosecutors Lice, 103 E. Main Street, Ilmhoton, Wo 451 Detendant, Ruddyck, City of Wilmhoton, Law Director 1 69 Nisouth Street, P.O.Bx 71,1 Wilmington, Orio 45/77 Detendar

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Inmate Name:	Housing Assignment:
Date/Time:	
Please Contact the Following:	Attorney 🚨 Probation Officer 🚨 Case Worker
S	Phone Number:
Name:	
*Staff will only contact you	r Attorney or Probation Officer one time per week*
Experience In: OBlock Layer ORoofer OPai	D Class
-	Felony    Misdemeanor Out Date
Bond Detainers C	Yes UNo Comments
	tinue on Reverse if Necessary*
☐ I Would Like to Request a Griev	
•	
Supervisor Signature:	Date/Time:
☐ Other Request(s):	
·	
,	
	ection to be completed by Staff Members ONLY *
Receiving Staff:	
Actions Taken by Staff: DEma	Date/Time:
·	
	Date/Time:ail Sent
h	Date/Time:
Completed By:	Date/Time:  ail Sent □ Message Left □ Spoke With:
Completed By:	Date/Time:  ail Sent □ Message Left □ Spoke With:
Completed By:	Date/Time:  ail Sent □ Message Left □ Spoke With:  Date/Time:

22-cv-03933-ALM-CMV Doc #: 1 Filed: 11/08/22 Page: 3 of 16 PAGEID #: 3 City of Wilmington
69 NiSouth, Street, P.O.BX 7/1 Wilmington, Wo, 45/7 (51) -/inton Goun 69 Ni South Street, P.O. Box 71, 1 Wilmhoton (No 451 County Mayors 69 Nisouth, Sti, P.O. Box 7/ mington, ship Theit'Of Wilmington Ryce Oca 69 North 504th St., P.O. Box 71, mington (Wo, 45/77) and Wilmhoton, Rlice 69 N. South, St., P.O. Bx 7/1 Wilmington, Chio 45/7/

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Inmate Name:	Housing Assignment:
Date/Time:	Bed Number:
Please Contact the Following:   Att	torney Derobation Officer Decay Case Worker
Name:	Phone Number:
*Staff will only contact your Att	orney or Probation Officer one time per week*
Experience In: OBlock Layer ORoofer OPainter O	lass
	es No Comments
☐ I Would Like to Request a Grievanc Reason for Grievance:  Supervisor Signature:	
☐ Other Request(s):	
* This Section Receiving Staff:	to be completed by Staff Members ONLY *  Date/Time:
Actions Taken by Staff: D Email Se	ent
Completed By:	Date/Time:
* Inmate To Sign fo	orm when Request is completed *
Inmate Signature:	Date/Time:

-03933-ALM-CMV Doc #: 1 Filed: 11/08/22 Page: 5 of 16 PAGEID #: 5 David Henry, Prosecutor nto Co. Myncipa o. Prosecutors Clinton Co. Commissioners Aice 46 SiSouth Street Wilmington No, 45 Detendan (H) Judge Michael Ti Dayge 69 N.504th, Street, P.O. Bx7/ Wilmington, No 45, petendant, Clinton Co. Municipal Courts 1 6) N. South St., P.O. Box 7/, 1 Wilmington, Ohro 4 Defendant, (14) C//n 69 NiSouth StillioiBX 71 7, et di);

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Inmate Name:	Housing Assignment:
Date/Time:	Bed Number:
Please Contact the Following:   Attorney	☐ Probation Officer ☐ Case Worker
Name:Information:	Phone Number:
*Staff will only contact your Attorney or	r Probation Officer one time per week*
I Would Be Interested In: GED Class Experience In: George Granter George Special Skills:	er OLaundry OFood Service OJanitorial OFloor Worker
Are you sentenced \( \text{Yes}  \text{No}  \text{Felony} \)	
Bond Detainers \(\sigma\) Yes \(\sigma\)No	o Comments
☐ I Would Like to Request a Grievance Reason for Grievance:  Supervisor Signature:	
☐ Other Request(s):	
* This Section to be co	ompleted by Staff Members ONLY * Date/Time:
Actions Taken by Staff: D Email Sent	
1	
Completed By:	Date/Time:
* Inmate To Sign form wh	en Request is completed *
Inmate Signature:	Date/Time:

(First Claim For Releit) Between 202/-2002, Plaintiff report All hamed, letendants, en - departments, individually 15ex 5etet-1,5ec41/ Police Deptitaring him At of Premises, forcing him of at Wilmington Nice Stations/Municipal Courts, Propert on lecember 24,2021, foring him of Clinta County Prosecutors, Africe Premises over & over again advising him he was is trespassed from said premises, forcing him of Clinton Co. Mayors office property/promises, on agenter 24,2021 and of about Wilmington Police discriminating against pinjacassing h Me Process of away ti mington Ku & Clistia Conferentes Atice or Law Director Brett Ryddyd, Richard Mayer & David Henry, Plantitt reported

Case: 2:22-cv-03933-ALM-CMV, Doc #: 1 Filed: 11/08/22 Page: 8 of 16 PAGEID #: 8  $\underline{Inmate\ Request\ Form}$ 

Inmate Name:	· · · · · · · · · · · · · · · · · · ·	Housing Assign	nent:
Date/Time:		Bed Number:	
Please Contact the Following:	☐ Attorney	☐ Probation Officer	☐ Case Worker
Name: Information:	•	Phone Number:	3
*Staff will only contact	your Attorney or	Probation Officer one time pe	week*
I Would Be Interested In:  Experience In:  Block Layer  Roofer Special Skills:  Are you sentenced  Yes  No Bond Detainer	Painter ©Carpente	r □Laundry □Food Service □Janito ☐ Misdemeanor Out Dat	rial ©Floor Worker
*(	Continue on Reve	rse if Necessary*	<del></del>
☐ I Would Like to Request a G Reason for Grievance:			
Supervisor Signature:		Date/Time:	-
Other Request(s):	-		
•			
T	is Section to be co	ompleted by Staff Members ON Date/Time:	L¥ *
Actions Taken by Staff: D		<del></del>	With
*	1		
Completed By:	<u>.</u>	Date/Time:	
* Inmate	To Sign form who	en Request is completed *	-
Inmate Signature:		Date/Time:	

phone voicemails, email messages, facebook, postings and Police Depti/Mayors' Facebook,
Pages, messenger messages and onto Clinton Co. Municipal Court/Judge Dayghter 1/ Broth Ryddycks' Facebook, Pages & Brett Ryddycks' day Hers, tace pack, Page, Aditionally the Mantiff hand defired cottespholences & recieved receipts for such from W/minton Plice Dept for Clinton, Co, Mayor John Stantoth, Lastly, Pantit mailed Attespandences Amotions to Clinton Compayor & Clinton Co. Municipal Courts, identifying these Concernsi No Defendants Listed Heren Have Evet Responded to Any It The Above Leaving
Plantiff of At to the waves to be
further attacked tremerted & totaled," 21) As a direct & proximate result of "all" the above as described in paragraph, #12. above, and as "all" described in "all" that civil complaints pending before this through Court, against some of all of these same Defendants herein) Plaintiff sybmits that, all named Defendants here'n acted negligently, with gross negligence &

## Case: 2:22-cv-03933-ALM-CMV Doc#: 1 Filed: 11/08/22 Page: 10 of 16 PAGEID #: 10 Inmate Request Form

Inmate Name:	Housing Assignment:
Date/Time:	
Please Contact the Following:	☐ Attorney ☐ Probation Officer ☐ Case Worker
Name: Information:	Phone Number:
*Staff will only contact you	ur Attorney or Probation Officer one time per week*
Experience In: DBlock Layer DRoofer DP Special Skills:	ED Class
•	☐ Felony ☐ Misdemeanor Out Date ☐ Yes ☐ No Comments
☐ I Would Like to Request a Grie	ntinue on Reverse if Necessary*
Supervisor Signature:	Date/Time:
☐ Other Request(s):	
•	
* This S Receiving Staff:	Section to be completed by Staff Members ONLY *  Date/Time:
Actions Taken by Staff: ☐ Em	ail Sent
h	1
Completed By:	Date/Time:
* Inmate To	Sign form when Request is completed *
Inmate Signature:	Date/Time:

by being so negligent intentional juillfully) wantfully/knowing/y, recklessly, carefessly & with majice they also gaused Intertional Intertion of Emotional Distress Upon Plaints said Defendants, have caused Plantiff, to sustain mental anguish-distress, mental injuty to ture, forement, loss of earnings ad 1/2-1/055 of income/vages, loss of Right to Represent Himself, loss of envoyment of 1/2e & whotever esse a they lover determines, Prayer For Relex Meretre, Plantitt prays he is dranted Judgment in wis favor & against fall named, Defendants' individually separately & vivitly in excess of \$5,000,000,00 for compensitory Janages) puntive danages former tees (5/5)

(dirt costs/fees)/os of income /os of enjoyment

of life /os of eathings and the mental injury)

mental anguish distress, past present Auture expected medical or mental health costs fées, and any the losses, danages or invities later determined 1 a Jury For good cause shown, Respectfully submitted, ounsel for Plan

## Case: 2:22-cv-03933-ALM-CMV Doc #: 1 Filed: 11/06/22 Page: 12 of 16 PAGEID #: 12

Inmate Name:	Housing Assignment:
Date/Time:	Bed Number:
Please Contact the Following:	Attorney 🛘 Probation Officer 🖵 Case Worker
Name:	Phone Number:
*Staff will only contact your A	Attorney or Probation Officer one time per week*
Experience In: OBlock Layer ORoofer OPainte	Class
	Telony ☐ Misdemeanor Out DateYes ☐ No Comments
*Contin	ue on Reverse if Necessary*
☐ I Would Like to Request a Grievan Reason for Grievance:	
Supervisor Signature:	Date/Time:
Other Request(s):	
-	
* This Secti	ion to be completed by Staff Members ONLY *
Receiving Staff:	Data Missa
Actions Taken by Staff:   Email	Sent
*	
Completed By:	Date/Time:
* Inmate To Sign	n form when Request is completed *
Inmate Signature:	Date/Time:

(certificate of service) Indersigned certifies a true laccurate copy of the foregoing has been served upon call named beforedants at their addresses as outlined on face of compaint herein by 1894 or US Mail postage prepaid, this 27th day of October, 2022, Respectfully Supmitted, James, N.D. Williams IV (Course For Plantiff) Ex Purposes of 2195 Greenway Bludi Xera/ Cho 45385 ATTNIC/OK of Courts Please file the exact same "Application,
To Proceed In Forma Paupris" & "Certificate

Frust Fund, Aco," as filed in Williams - Us Hayes, et al. Case #/22-cv-(3883 to wave filips fees/costs and to prevent unjall deficiences herein, thanks Alati Respectfully Submitted, type Williams Course For Plaintiff,

## Case: 2:22-cv-03933-ALM-CMV Doc #: 1 Filed: 11/06/22 Page: 14 of 16 PAGEID #: 14

Inmate Name:	Housing Assignment:
Date/Time:	Bed Number:
Please Contact the Following:   Attorn	ney 🛘 Probation Officer 🚨 Case Worker
Name:Information:	Phone Number:
*Staff will only contact your Attorn	ey or Probation Officer one time per week*
Experience In: OBlock Layer ORoofe OPainter OCas Special Skills:	S Inmate Worker Switch Jobs rpenter CLaundry CFood Service CJanitorial CFloor Worker
•	y ☐ Misdemeanor Out Date ☐No Comments
· -	Reverse if Necessary*
☐ I Would Like to Request a Grievance Reason for Grievance:	
□ Other Request(s):	
-	
* This Section to Receiving Staff:	be completed by Staff Members ONLY *  Date/Time:
Actions Taken by Staff:   Email Sent	☐ Message Left ☐ Spoke With:
h	
Completed By:	Date/Time:
* Inmate To Sign form	ı when Request is completed *
Inmate Signature:	Date/Time:

Case: 2:22-cv-03933-ALM-CMV Doc #: 1 Filed: 11/08/22 Page: 15 of 16 PAGEID #: 15 United states Dist NOV = 7 2022 For southetin NAGEL, Clerk of Count (Eastern Division) 22 CV 3 9 3 3 James Williams, It R'dord Maye Defendants 7 l'Clerk of Courts at same 1 here'n for #//22-CV-03383 waving filling fees Please, sorve all Defendants individ numbered #1-#14 Defenda service" by means or Thank

## Case: 2:22-cv-03933-ALM-CMV Doc.#: 1 Filed: 11/08/22 Page: 16 of 16 PAGEID #: 16 Immate Request Form

Inmate Name:	Housing Assignment:
Date/Time:	Bed Number:
Please Contact the Following:   Attorney	Probation Officer
Name: Information:	Phone Number:
	or Probation Officer one time per week*
Would Be Interested In: GED Class Experience In: George Grainter George Special Skills:	tter □Laundry □Food Service □Janitorial □Floor Worker
	☐ Misdemeanor Out Date
Sond Detainers □ Yes □N	o Comments
	verse if Necessary*
☐ I Would Like to Request a Grievance Reason for Grievance:	
Supervisor Signature:	Date/Time:
☐ Other Request(s):	
*	
* This Section to be o	completed by Staff Members ONLY *
Receiving Staff:	Date/Time:
Actions Taken by Staff: D Email Sent	□ Message Left □ Spoke With
1 e -	5:55 CA 2 3 3
Completed By:	Date/Time:
* Inmate To Sign form wl	hen Request is completed *